

## **Application Data Sheet**

### **Application Information**

Application number::  
Filing Date:: 01/09/04  
Application Type:: Regular  
Subject Matter:: Utility  
Title:: System and Method for Treating Abnormal  
Epithelium in an Esophagus  
Attorney Docket Number:: 021827-000140US  
Request for Early Publication:: No  
Request for Non-Publication:: No  
Suggested Drawing Figure:: 2  
Total Drawing Sheets:: 8  
Small Entity?: Yes  
Petition included?: No  
Secrecy Order in Parent Appl.: No

### **Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: ROBERT  
Middle Name:: A.  
Family Name:: GANZ  
City of Residence:: Minneapolis  
State or Province of Residence:: MN  
Country of Residence:: US  
Street of Mailing Address:: 1431 Lakeview Avenue  
City of Mailing Address:: Minneapolis  
State or Province of mailing address:: MN  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 55416

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: BRIAN  
Middle Name:: D.  
Family Name:: ZELICKSON  
City of Residence:: Minneapolis  
State or Province of Residence:: MN  
Country of Residence:: US  
Street of Mailing Address:: 2765 Drew Avenue South  
City of Mailing Address:: Minneapolis  
State or Province of mailing address:: MN  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 55416

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: ROGER  
Middle Name:: A.  
Family Name:: STERN  
City of Residence:: Cupertino  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 10418 Palo Vista Road  
City of Mailing Address:: Cupertino  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 95014

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: JEROME

Family Name:: JACKSON  
City of Residence:: Los Altos  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 1725 Fallen Leaf Lane  
City of Mailing Address:: Los Altos  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94024  
Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US

Status:: Full Capacity  
Given Name:: GEORGE  
Middle Name:: H.  
Family Name:: SMITH  
City of Residence:: Palo Alto  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 162 Bryant Street  
City of Mailing Address:: Palo Alto  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94301

### **Correspondence Information**

Correspondence Customer Number:: 20350

### **Representative Information**

Representative Customer Number:: 20350

### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation-in-part of	10/370,645	02/19/03
10/370,645	Division of	09/714,344	11/16/00
10/370,645	claiming benefit under	60/165,687	11/16/99
	35 USC 119(e) of		